

Notice of Assessment Report

All health care contractors, health maintenance organizations and disability carriers must complete this Annual Assessment Report. This report is necessary to determine each Washington State Health Insurance Pool (WSHIP) members' proportion of financial participation in WSHIP as directed by RCW 48.41.090. Failure to complete the Assessment Report and return it by February 28, 2003 will be considered an untimely response to a request from the Insurance Commission and may result in disciplinary action as outlined in RCW 48.05.140 and RCW 48.05.185.

Instructions

- Certain categories of enrollment are not subject to WSHIP assessment. Please refer to RCW 48.41.030 and the definitions below for specific information regarding the WSHIP report and assessment of Member plans. Member plans are responsible for understanding the regulations and for accurate enrollment reporting.
- Please note that lives insured by your organization as a Stop Loss carrier are assessed at a rate of one enrollee in ten. Please report the total number of insured persons. WSHIP will calculate the 1/10 assessment rate.
- Each member has received this report. If your organization is responding on behalf of subsidiary organizations, please indicate this in your response.
- Please explain any extraordinary difference between current enrollment and enrollment reported in your last report response.
- Please indicate any changes to your organization's mailing address. Please indicate if the name or phone number of the organization contact person has changed.
- If your organization has no enrollment data to report, a response is still required. If this is the case, please complete the company information, check the box indicating no enrollment data under the enrollment data sections of the report and return it with the Declaration of Accuracy section signed and dated.
- In a one-time effort to collect previously unreported enrollment data, this Annual Assessment Report contains a section regarding 2000 enrollment data. If your organization provided Stop Loss coverage in the year 2000, please provide the enrollment data as of December 31, 2000. If your organization did not provide Stop Loss coverage in 2000, please check the box indicating no enrollment data.
- Please note that enrollment data is now required to be reported for the last day of each month in 2002, as opposed to previous years where only year-end data was reported. Add the data in the January through December boxes and enter the result in the total box.

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Definitions

Member means any commercial insurer that provides disability insurance or stop loss insurance; any health care service contractor and any health maintenance organization licensed under Title 48 RCW. "Member" also means the Washington State Health care authority as issuer of the State Uniform Medical Plan.

"Member" does not include any insurer, health care service contractor or health maintenance organization whose products are exclusively dental products or those products excluded from the definition of "health coverage".

Health Coverage means any group or individual disability insurance policy, health care service contract, and health maintenance agreement, except those contracts entered into for the provision of health care services pursuant to Title XVIII of the Social Security Act 43 U.S.C. Sec 1395 ET seq. The term does not include short-term care, long term care, dental, vision, accident, fixed indemnity, disability income contracts, civilian health and medical program for the uniform services (CHAMPUS), 10 U.S.C 55, the Federal Employee Health Benefits Program, limited benefit or credit insurance, coverage issued as a supplement to liability insurance, insurance arising out of the Worker's Compensation or similar law, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

Insured means any individual resident of Washington State who is eligible to receive benefits from any member, or other health plan, including an employer self-funded health plan.